



PUBLIC ACCOMODATION INTAKE QUESTIONNAIRE

COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A DISCRIMINATION CHARGE.



*Required Fields

1. COMPLAINANT INFORMATION

*Today's Date:

*Name:

*Address:

*City/State/Zip:

Email Address::

*Home Tel #: :

Work Tel #:

*What language do you prefer to communicate in?:

English Spanish Amharic Chinese Vietnamese Korean Other (Please list)

IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING:

Name:

Phone/Fax:

Address:

Email Address::

*Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

Do you require a reasonable accommodation? If so, please explain:

Do you require language interpretation? If so, what language?

2. RESPONDENT INFORMATION

Name of company or organization:

Name and title of principle officer(i.e. President, Owner, Human Resources Manager):

Address:

City/State/Zip:

Phone:

Fax:

Email Address::

3. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category

*Do you feel you were discriminated against because of your: (Please check appropriate box).

Race	Religion	Gender Identity or expression	Source of Income
Color	Age	Political Affiliation	Familiar Status
National Origin	Genetic Information	Matriculation	
Sex	Personal Appearance	Marital Status	
Disability	Family Responsibilities	Sexual Orientation	

4. JURISDICTION

*Please check all that apply. (All 3 must be checked in order to submit form)

Alleged violation occurred in the District of Columbia

Alleged violation occurred 365 days or less from today's date.

You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

5. PUBLIC ACCOMODATION

*What action was taken that made you feel you were treated differently?

Failure to Accommodate (i.e. Religion, Disability)

Denial of Service

Other

*Date of alleged incident:

*Service you requested

Person who denied your service request (if known):

Name

Title

How is this person different from you? (i.e. what is this person's protected basis? See Section 3 for complete list of basis.)

Have you tried to resolve this matter with the Respondent? If so, please describe with whom you spoke and their response:

*6. YOUR COMPLAINT

Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying educational services. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature of Potential Charging Party

*Date